

#JFed

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

ANDREW WILSON

U.S. Appln. No. 10/661,806

Filed: 09/12/2003

For: Apparatus and Method for Gas
Sensing



Docket No. 0074-456205.1

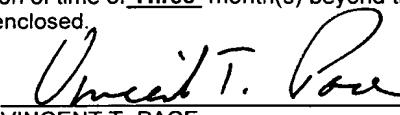
Art Unit 2877

Examiner JUAN D. VALENTIN

Confirmation No. 7381

Petition for Extension Under 37 CFR §1.136(a)

The undersigned hereby petitions for an extension of time of Three month(s) beyond the time period set in the last office communication. The proper fee under 37 CFR §1.17 is enclosed.

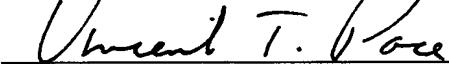


VINCENT T. PACE

Certificate of Mailing Under 37 CFR §1.8(a)

I hereby certify that this Correspondence is being deposited on September 12, 2006 with the United States Postal Service as first-class mail in an envelope properly addressed to COMMISSIONER FOR PATENTS, Alexandria, Virginia 22313-1450.

September 12, 2006
Date of Certificate



VINCENT T. PACE

Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

We are enclosing the following:

- 1) Amendment and Response;
- 2) Fee Transmittal for FY 2006;
- 3) Government Fees (small entity): 3-months extension fee: check in the amount of \$510.00;
- 4) Postcard receipt.

AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT

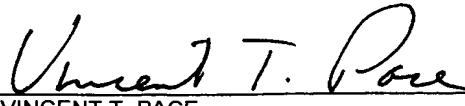
In the event the check is improper, or the fee calculation is in error, the Commissioner is authorized to charge any underpayment or credit any overpayment to the account of the undersigned attorneys, Account No. 04-1406. A duplicate copy of this sheet is enclosed.

DANN, DORFMAN, HERRELL AND SKILLMAN
A Professional Corporation

09/15/2006 MBIZUNES 00000003 10661806

01 FC:2253

510.00 OP

By 

VINCENT T. PACE
PTO Registration No. 31,049

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SEP 14 2006

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Effective on 12/08/2004.

Subject to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TRADEMARK FEE TRANSMITTAL For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

510.00

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10/661,806 |
| Filing Date | 09/12/2003 |
| First Named Inventor | ANDREW WILSON |
| Examiner Name | JUAN D. VALENTIN |
| Art Unit | 2877 |
| Attorney Docket No. | 0074-456205.1 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 04-1406 Deposit Account Name: DannDorfmanHerrell&Skillm

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity | |
|--------------|--------------|----------|---------------|--------------|----------|
| | | | | Fee (\$) | Fee (\$) |
| 32 | 0 | x | = | 50 | 25 |
| 5 | - 20 or HP = | 0 | | 200 | 100 |
| | | | | 360 | 180 |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|---------------|--------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| 6 | 0 | x | = | | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| 100 | 0 | / 50 = (round up to a whole number) x = | | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 3-months extension fee

Fees Paid (\$)

510.00

SUBMITTED BY

| | | | |
|-------------------|------------------------|---|------------------------|
| Signature | <i>Vincent T. Pace</i> | Registration No. (Attorney/Agent) 31,049 | Telephone 215-563-4100 |
| Name (Print/Type) | Vincent T. Pace | | Date 09/12/2006 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.